
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: ☒ original.

(check one)

☐ design.

☐ supplemental.

☐ national stage of PCT.

☐ divisional.

☐ continuation.

☐ continuation-in-part (C-I-P)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

PIPE SUPPORT FOR COMPRESSOR SUBASSEMBLY

SPECIFICATION IDENTIFICATION

the specification of which:

(a) ☒ is attached hereto.

(b) ☐ was filed on _____, as Serial No. _____
and was amended on _____ (*if applicable*).

(c) ☐ was described and claimed in PCT International Application No. _____, filed
on _____ and as amended under PCT Article 19 on
_____ (*if applicable*).

SUPPLEMENTAL DECLARATION (37 C.F.R. § 1.67(b))

(complete the following where a supplemental declaration is being submitted)

☐ I hereby declare that the subject matter of the

☐ attached amendment

☐ amendment filed on _____

was part of my/our invention and was invented before the filing date of the original application, above-identified, or such invention.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. Such applications have been filed as follows:

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			YES/NO
			YES/NO
			YES/NO
			YES/NO
			YES/NO

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NO.	FILING DATE (day, month, year)

**CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)
UNDER 35 U.S.C. § 120**

- ☐ The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

I hereby appoint the practitioners practicing at the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

34704

SEND CORRESPONDENCE TO:

The above Customer Number.

DIRECT TELEPHONE CALLS TO:

George A. Coury
(203) 777-6628 - ext. 113

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor:

(signature)

Name: Gerard Decourieux

Date: _____

Country of Citizenship: _____

Residence Address:

Post Office Address: (SAME AS ABOVE)

Full name of second joint inventor, if any:

(signature)

Name: Xavier Girod

Date: _____

Country of Citizenship: _____

Residence Address:

Post Office Address: (SAME AS ABOVE)

Full name of third joint inventor, if any:

(signature)

Name: Jean De Bernardi

Date: _____

Country of Citizenship: _____

Residence Address:

Post Office Address: (SAME AS ABOVE)

Full name of fourth joint inventor, if any:

(signature)

Name: _____

Date: _____

Country of Citizenship: _____

Residence Address:

Post Office Address: (SAME AS ABOVE)

THIS DECLARATION ENDS WITH THIS PAGE.

SIGNATURE FOR FIFTH AND SUBSEQUENT JOINT INVENTORS.

____ PAGES ADDED.

SIGNATURE BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE FOR
DECEASED OR INCAPACITATED INVENTOR.

____ PAGES ADDED.

SIGNATURE FOR INVENTOR WHO REFUSES TO SIGN OR CANNOT BE REACHED BY PERSON
AUTHORIZED UNDER 37 CFR 1.47.

____ PAGES ADDED.

ADDED PAGES FOR SIGNATURE BY ONE JOINT INVENTOR ON BEHALF OF DECEASED
INVENTOR(S) WHERE LEGAL REPRESENTATIVE CANNOT BE APPOINTED IN TIME (37 CFR 1.47)

ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL,
CONTINUATION, OR CONTINUATION-IN-PART (C-I-P) APPLICATION.

____ PAGES ADDED

AUTHORIZATION OF PRACTITIONER(S) TO ACCEPT AND FOLLOW INSTRUCTIONS FROM
REPRESENTATIVE.